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| To: Commissioner for Patents for Examiner Duc T. Doan Group Art Unit 2188 | Facsimile No.: 571/273-8300 |
| From: Kim Gault Legal Assistant to Wayne Bailey | No. of Pages Including Cover Sheet: 10 |
| Message: Transmitted herewith: <ul style="list-style-type: none">• Transmittal Document; and• Supplemental Response to Office Action. | |
| Re: Application No. 10/674,976 Attorney Docket No: AUS920030642US1 | |
| Date: Tuesday, January 24, 2006 | |
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JAN 24 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **McBrearty**Serial No.: **10/674,976**Filed: **September 30, 2003**For: **Method for Volume Manager to
Have Configurable Device Type and
Subtype for Application Use**§
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§
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§Group Art Unit: **2188**Examiner: **Doan, Duc T.**Attorney Docket No.: **AUS920030642US1****35525**PATENT TRADEMARK OFFICE
CUSTOMER NUMBER

Certificate of Transmission Under 37 C.F.R. 61.8(a)
I hereby certify this correspondence is being transmitted via
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on January 24, 2006.

By: Kim Gault
Kim Gault

TRANSMITTAL DOCUMENTCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

ENCLOSED HERewith:

- Supplemental Response to Office Action

No fees are believed to be required. If, however, any fees are required, I authorize the Commissioner to charge these fees which may be required to IBM Corporation Deposit Account No. 09-0447. No extension of time is believed to be necessary. If, however, an extension of time is required, the extension is requested, and I authorize the Commissioner to charge any fees for this extension to IBM Corporation Deposit Account No. 09-0447.

Respectfully submitted,

Gerald H. Glanzman
Gerald H. Glanzman
Registration No. 25,035
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ATTORNEY FOR APPLICANT

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§Group Art Unit: **2188**Examiner: **Doan, Duc T.**Attorney Docket No.: **AUS920030642US1**Certificate of Transmission Under 37 C.F.R. § 1.8(a)

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Alexandria, VA 22313-1450, facsimile number (571) 273-8300,
on January 24, 2006.

By:


Kim Gault**SUPPLEMENTAL RESPONSE TO OFFICE ACTION**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

No fees are believed to be required. If, however, any fees are required, I authorize the Commissioner to charge these fees which may be required to Deposit Account No. 09-0447. No extension of time is believed to be necessary. If, however, an extension of time is required, the extension is requested, and I authorize the Commissioner to charge any fees for this extension to Deposit Account No. 09-0447.

In response to the Office Action dated October 17, 2005 and the Response to Office Action filed on January 17, 2006, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Listing of Claims begins on page 3 of this paper.

Remarks begin on page 8 of this paper.